(**For Office Use Only)**

Session 2025-2026…………………………………….. Class..…………………………………….Regn. No.. …………………………………..

Amount Received…………………………………… Dated…………………………………. Sign…………………………………………….



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| Paste  Passport size  Photograph |

LET NOBLE THOUGHTS COME TO US FROM EVERY SIDE

**PANDIT MOHAN LAL**

**S.D.PUBLIC SCHOOL (RECOGNISED)**

***Under the management of***

Pandit Mohan Lal Sanatan Dharma Educational Society Regd.),Chd.

Sector 19-C, CHANDIGARH Phone No: 0172- 2924669

Email: - [pmlsd19@gmail.com](mailto:pmlsd19@gmail.com)

**Session: 2025-26**

1. Class to which admission is sought…………………………………………………………………………………………………………………..…

2. Full Name of the Child (In Block Letters) ……………………………….……………………………………….…………………………….….

3 .Date of Birth ……………………………………………(in words)……………………………………………..…….…………………………….…...

4. Age as on 1st April 2025…………………..…Years………..……………………Months……………………………Days…………….………..

5. Sex: Male/ Female……………………………………………………………………………………………………………………………………………….

6. Name of the previous School (if attended) ………………………………………………………….…………………………..…………….…..

7. Father’s/Guardian’s Name…………………………………………….……… Phone No ……..………………………………………..……..….

8. Occupation &. Office Address …………………………………………………………………………………………………………………………….

9. Mother’s Name ……………………………………………………………………. Phone No ………………………………….……………………….

10. Occupation &. Office Address…………………………………………………………………………………………………………………..…………

11. Residential Address ……………………………………………………………………………………….Pin Code…………………………………

12. E-mail ID ………………………………………………………………………………………………………………………………………………………..…..

13. Social category :General/SC/ST/OBC…………………………………………………………………………………………………………………..

14. Religion :Hindu/Muslim/Christian/Sikh/Others………………………………………………………………………………….………..……..

15. .Mother Tongue…………………………………………………………………………………………………………………………………………..……..

16. Day Boarding (Yes/ No)…………………………………………………………………………………………………………………………………..…..

17. Student’s .Aadhaar Card No.…………………………………………………………Name as per aadhaar card……….…………………

18. Student’s height (cms) ……………………………….. Weight ……………………………….. Blood Group …………………………………

19. Emergency Phone Number…………………………………………………………………………………………………………………………..………

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please Note: 1. Attach a photo copy of the original birth certificate ,2 recent passport size photographs, copy of***

***Aadhaar Card and residence proof.***

***2. Fee is not refundable.***

***Date…………………………….. ……………………………………………..***

***Signature of Parent/ guardian***

***Admit***

**Date……………………………** ………………………………………………

**Principal**